1 PLACE OF DEATH

MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS

4

County Lackson		CERTIFICATE OF DEATH		
Township / Can-	Registration Distric	_{1 N} . 3.99		8570
or Village	Primary Registration	on District No. 100	_	843
of James bily (Ng 2FULL NAME Juin)	ofenera g & O	l Hospis Peastr	Zal Ward)	ilf death occurred in a hospital or institution, give its NAME instead of street and number.
PERSONAL AND STATISTICAL PART	ICULARS	MEDICA	AL CERTIFICATE O	F DEATH
nale White Winds the Write the	Marina word)	16 DATE OF DEATH	Month)	(Day) 191 (Year)
6 DATE OF BIRTH (Mony) 7 AGE	(Day) /868 (Year)	as covoner	191 to	attended deceased from
8 OCCUPATION (a) Trade, profession, or Own particular kind of work	ds. l day,hrs.	and that death occurr The CAUSE OF DEA	_	ed above, atm,
(b) General nature of industry business, or establishment in which employed (or employer) 9 BIRTHPLACE (City or town,	Hall	Hitorn	he (Duretion)	with Circ
State of foreign country: 10 NAME OF Wanning.	Peaper	CONTRIBUTORY		
U 11 BIRTHPLACE OF FATHER (City of town, State or foreign country) 12 MAIDEN NAME 12 MAIDEN NAME 13 MAIDEN NAME 14 MAIDEN NAME 15 MAIDEN NAME 16 MAIDEN NAME 17 MAIDEN NAME 18 MAIDEN		(Signed) D. (Address) DE HOLL		
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country)		*State the Disease Causing Death, or, in death-stop Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents) At place		
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Peaks		of death yrs mos ds. State yrs mos ds. Where was disease contracted if not et place of death? Former or usual residence 704/2 8. 5-66.		
(Address) Russell	Wheeler	19 PLACE OF BURIAL OF		MAL 1915
11111	Registrar	hrmag /M	arshall	3146 main st.

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health Association]

Statement of occupation .-- Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired, 6 yrs.) For persons who have no occupation whatever, write None.

use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septichaemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, OR HOMI-CIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railway train-accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)